Indicator description	Number of global wild poliovirus cases
Indicator Type	Output (children not immunised)
Rationale	UK support aims to eradicate polio. Monitoring the decrease in wild poliovirus cases globally
Technical definition	The number of WHO-accredited laboratory confirmed cases of wild poliovirus cases, by country and by type of wild poliovirus. A decrease in the number of cases indicates nearing the global of eradicating wild poliovirus.
Data calculations	Once paralysis is detected in a child, astool specimen is collected and sent to a WHO-accredited laboratory for testing. The presence or absence of poliovirus is confirmed from primary culture results. Polioviruses isolated from stools are then analysed to determine if the virus is wild, Sabin vaccine, or vaccine-derived. If wild poliovirus is confirmed, this is counted as being one case. Vaccine-derived and Sabin vaccine cases do not count towards this indicator. *To note*: There are three types of wild poliovirus. Type two was declared eradicated in 2016. The last case of type three was reported in 2012. As at 2018, there are three countries (Afghanistan, Nigeria and Pakistan) that are still classed as endemic with type one wild poliovirus. Only Afghanistan and Pakistan reported cases in 2017. A country is certified polio-free when there have been no cases of wild poliovirus in the country for three years in the presence of good quality surveillance.
Data sources	Data is provided from national health information systems and collated globally by the Global Polio Eradication Initiative (GPEI)
Reporting roles	The number of confirmed global wild poliovirus cases is reported weekly by GPEI at http://polioeradication.org/polio-today/polio-now/this-week/
Baseline data	The number of cases of wild poliovirus has been measured by GPEI since it was established in 1988.
Return format	Number of global wild poliovirus cases
Data dis-aggregation	Cases are disaggregated by sex and geography, with the location of the child registered to the village level.
Data availability	Weekly
Time period/lag	The time lag is dependent upon the length of time taken to identify a paralysed child and then transport a stool sample to a laboratory. Targets are set for these time periods, with detection of paralysis less than 14 days from onset of paralysis; primary culture results available less than 14 days from receipt at laboratory; and poliovirus type confirmed less than 14 days from receipts at reference laboratory.
Quality assurance measures	Stool samples are tested in WHO-accredited laboratories.
Data quality	Given the high sensitivity (true positive) and specificity (true negative) of the poliovirus test, data is of a high quality.

International Comparability/ Working with partners to set the International Standard	2
Indicator Developpment	